

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44018

Registration District No. 809

Primary Registration District No. 4489

Registrar's No.

1. PLACE OF DEATH:

(a) County SS Scotland
(b) City or town Gorin, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 2

3. (a) PRINT FULL NAME Melissa E. Phillips

8. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Frank Phillips 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 2 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 19 hr. min.

9. Birthplace Scotland County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Martin Miller
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bever
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Pryor
(b) Address Gorin, Mo

17. (a) Burial (b) Date thereof Dec. 23 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prarie View

18. (a) Signature of funeral director Geo V Shackett

(b) Address Gorin, Mo

19. (a) Dec 28 1940 (b) Mae R. Shackett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Gorin
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1940 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1937 to Dec 21st 1940
that I last saw him alive on Dec 20th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 3 yrs
Due to Smile pneumonia 2 yrs
and Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature F. M. Johnson (M. D. or other) MD

Address Gorin Mo Date signed 12-28-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 1-41-19

Date Filed JAN 7 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1817

P. O. Address Myaconda, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.